

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 04/01/2014 **and ending** 06/30/2014

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Last Chance for Patient Choice **Employer identification number** 05 - 0628214

2 Mailing address (P.O. box or number, street, and room or suite number)
P.O.Box 2817

City or town, state, and ZIP code
Waterloo, IA 50704

3 E-mail address of organization: Eric.Brodahl@vgm.com **4 Date organization was formed:** 10/17/2005

5a Name of custodian of records Michael Mallaro **5b Custodian's address** PO Box 2817
Waterloo, IA 50704

6a Name of contact person John Gallagher **6b Contact person's address** PO Box 2817
Waterloo, IA 50704

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1111 W. San Marnan Dr.

City or town, state, and ZIP code
Waterloo, IA 50704

8 Type of report (check only one box)

- | | |
|---|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input checked="" type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A) **9. \$** 23174

10 Total amount of reported expenditures (total from all attached Schedules B) **10. \$** 6001

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

07/10/2014

**Sign
Here**



Signature of authorized official



Date

Schedule A		Itemized Contributions		Schedule A
Contributor's name, mailing address and ZIP code		Name of contributor's employer		
Withheld		N/A		
PO Box 2817		Contributor's occupation		Amount of contribution
Waterloo, IA 50704		N/A		\$ 23174
		Aggregate contributions year-to-date		Date of contribution
		\$ 29399		06/30/2014

Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 112
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	04/01/2014

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Heaton Adams	N/A	\$ 300
333 West Fourth St	Recipients's occupation	Date of expenditure
Waterloo, IA 50701	N/A	05/08/2014

Purpose of expenditure

Professional Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 113
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	04/15/2014

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 112
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	06/26/2014

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Brian J Leitten	N/A	\$ 5250
3619 Joan Lane	Recipients's occupation	Date of expenditure
Port Orange, FL 32129	N/A	06/05/2014

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 114
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	05/16/2014

Purpose of expenditure

Bank Fees